GUIDANCE ON PACKAGING AND SHIPPING OF URINE SAMPLES

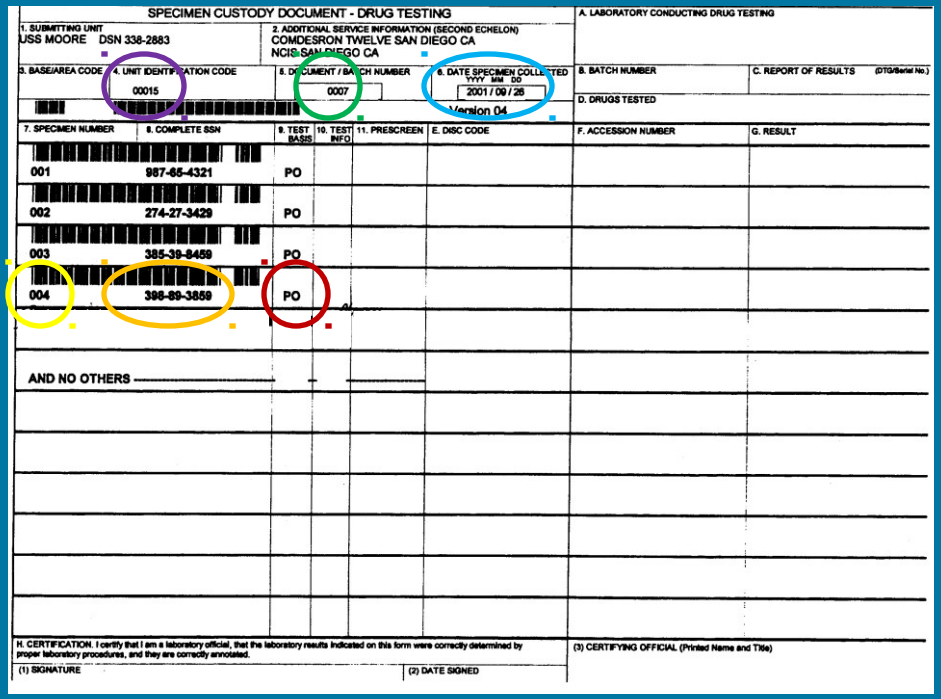
Select a topic below or click here to be guided through the process.

1. After Collection Is Complete
2. Making Forensic Corrections
3. Completing Chain of Custody
4. Making Copies of Chain of Custody Document
5. Preferred Packaging
6. Shipping
7. Shipping Addresses
8. Reference Material

After Collection is Complete

Does all of the information on form DD 2624 match the information on the bottles, especially social security numbers?

Form DD 2624



SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT: USS MOORE DSN 338-2883
2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON): COMDESRON TWELVE SAN DIEGO CA NCIS SAN DIEGO CA
A. LABORATORY CONDUCTING DRUG TESTING
3. BASE/AREA CODE
4. UNIT IDENTIFICATION CODE: 00015
5. DOCUMENT / BATCH NUMBER: 0007
6. DATE SPECIMEN COLLECTED (YYYY MM DD): 2001 / 09 / 26
Version 04
8. BATCH NUMBER
C. REPORT OF RESULTS (DTG/Serial No.)
D. DRUGS TESTED

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
001	987-65-4321	PO					
002	274-27-3429	PO					
003	385-39-8459	PO					
004	398-89-3859	PO					
AND NO OTHERS							

H. CERTIFICATION. I certify that I am a laboratory official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and they are correctly annotated.
(1) SIGNATURE
(2) DATE SIGNED
(3) CERTIFYING OFFICIAL (Printed Name and Title)

Test Basis

Batch Number

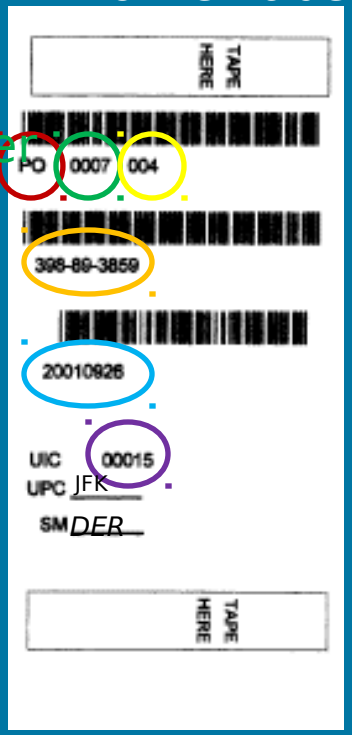
Specimen Number

SSN

Date

UIC

Bottle Label



Yes, all information matches

No, information doesn't match or is miss

Making Forensic Corrections

- If information is incorrect, draw a single line through the incorrect information, write correct information, sign your initials, and write the date. See an EXAMPLE.
- If a person was selected but did not provide a sample, draw a single line through the SSN or barcode, sign your initials, and write the date. See an EXAMPLE.

No such corrections necessary, click here for next step

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

A. LABORATORY CONDUCTING DRUG TESTING

1. SUBMITTING UNIT: USS NEVERSAIL

2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON): COMDESRON ONE HUNDRED NORFOLKVA

3. BASE/AREA CODE	4. UNIT IDENTIFICATION CODE	5. DOCUMENT / BATCH NUMBER	6. DATE SPECIMEN COLLECTED YYYY MM DD	B. BATCH NUMBER	C. REPORT OF RESULTS
XXXX	12111	0003	2002 / 12 / 17		

Version 04

D. DRUGS TESTED

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
001	010-00-9009	OO					
002	999-00-0909	OO					
003	101-11-0990	OO					
004	001-19-0999 ~~001-19-0909~~ 665 12-17-02	OO					
AND NO OTHERS							

Example of a properly performed forensic correction for the SSN of specimen #004. The original SSN is still readable (has only a single line through it), and the correction is initialed and dated.

Corrections have been made, click here for next step

H. CERTIFICATION. I certify that I am a laboratory ... proper laboratory procedures, and they are correct...

(1) SIGNATURE | (2) DATE SIGNED

DD Form 2624, FEB 1993 *Replaces OPNAV 5350/2 (FEB 82), DA Form 5180 (AUG 86), and AF Form 1890 (APR 86), which are obsolete.*

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

A. LABORATORY CONDUCTING DRUG TESTING

1. SUBMITTING UNIT: USS NEVERSAIL

2. ADDITIONAL SERVICE INFORMATION (SECOND ECHELON): COMDESRON ONE HUNDRED NORFOLKVA

3. BASE/AREA CODE	4. UNIT IDENTIFICATION CODE	5. DOCUMENT / BATCH NUMBER	6. DATE SPECIMEN COLLECTED (YYYY MM DD)	B. BATCH NUMBER	C. REPORT OF RESULTS
XXXX	12111	0003	2002 / 12 / 17		

Version 04

D. DRUGS TESTED

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
001	010-00-9009	OO					
002	999-00-0909	OO					
003	101-11-0990	OO					
004	~~001-19-0909~~ 665 12-17-02	OO					
AND NO OTHERS							

Example of a properly performed forensic correction for an individual who did not provide a sample. A single line is drawn through the SSN or the barcode and the correction is initialed and dated.

Corrections have been made, click here for next step

H. CERTIFICATION. I certify that I am a laboratory ... proper laboratory procedures, and they are correct...

(1) SIGNATURE | (2) DATE SIGNED

DD Form 2624, FEB 1993 *Replaces OPNAV 5350/2 (FEB 82), DA Form 5180 (AUG 86), and AF Form 1890 (APR 86), which are obsolete.*

Complete Block 12 of form DD 2624

Click on the example below that reflects how your samples will be handled and fill out your forms in the same way.

- EXAMPLE 1: Samples mailed to lab by BM2 Smith immediately after collection, with no intermediate transfer of custody.
- EXAMPLE 2: Samples hand carried to lab by BM2 Smith immediately after collection, with no intermediate transfer of custody.
- EXAMPLE 3: Samples mailed to lab by SN Jones with transfer of custody from BM2 Smith to SN Jones.
- EXAMPLE 4: Samples mailed to lab by BM2 Smith after storage in locker #1 by BM2 Smith.
- EXAMPLE 5: Samples mailed (or hand carried) to lab by BM2 Smith after transfer of custody from SN Jones to BM2 Smith, and storage in locker #1 by BM2 Smith.

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.
(1) 25NOV2002	SIGNATURE BM2 Smith NAME BM2 Smith	SIGNATURE NAME	Ship to NAVDRUGLAB via U.S. Postal Service
(2)	SIGNATURE	SIGNATURE	
(4)	SIGNATURE NAME	SIGNATURE NAME	
(5)	SIGNATURE NAME	SIGNATURE NAME	
(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE	
(10)	SIGNATURE NAME	NAME	

INSTRUCTIONS				
	BLOCK	USA	USN/MC	U
1	SUBMITTING UNIT	Message address of unit submitting urine sampl		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
				Four-character Base
5	DOCUMENT/BATCH NUMBER	Do not use	samples, or portion thereof, shall be assigned a separate number by the submitting unit.	in the shipment (Ex. 301). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection.		
10	TEST INFORMATION	Military: A = E1 - E4; B = E5 - O10; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP; F = TDP; ADAPCP Staff: G = other TDP; N = other nonmilitary	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1)).

a. DATE - Date of collection/shipment

b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.

c. RECEIVED BY - Use only if physical change of custody is occuring prior to shipment. Otherwise leave blank.

d. PURPOSE OF CHANGE/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a ...ain information/signatures of blocks (a) - (d).

...DISCREPANCIES

DD Form 2624, FEB 1998 (Back)

EXAMPLE 1: Samples mailed to lab by BM2 Smith immediately after collection, with no intermediate transfer of custody.

Chain of custody complete, click here for next step

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.
(1) 25NOV2002	SIGNATURE Bm2 Smith NAME BM2 Smith	SIGNATURE NAME	Hand Carry to NAVDRUGLAB
(2)	SIGNATURE	SIGNATURE	

INSTRUCTIONS				
	BLOCK	USA	USN/MC	US
1	SUBMITTING UNIT	Message address of unit submitting urine sample		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
				Four-character Base

EXAMPLE 2: Samples hand carried to lab by BM2 Smith immediately after collection, with no intermediate transfer of custody.

	NAME	NAME	
(4)	SIGNATURE NAME	SIGNATURE NAME	
(5)	SIGNATURE NAME	SIGNATURE NAME	
(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE	
(10)	SIGNATURE NAME	NAME	

5	DOCUMENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex.,501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection.		
10	TEST INFORMATION	Military: A = E1 - E4; B = E5 - O10; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP; F = TDP; ADAPCP Staff: G = other TDP; N = other nonmilitary	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1)).

a. DATE - Date of collection/shipment

b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.

c. RECEIVED BY - Use only if physical change of custody is occuring prior to shipment. Otherwise leave blank.

d. PURPOSE OF CHANGE/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a nation/signatures of blocks (a) - (d).

REPANCIES

Chain of custody complete, click here for next step

DD Form 2624, FEB 1998 (Back)

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.
(1) 25NOV2002	SIGNATURE BM2 Smith NAME BM2 Smith	SIGNATURE SN Jones NAME SN Jones	Transfer custody/Prepare for shipment
(2) 25NOV2002	SIGNATURE SN Jones NAME SN Jones	SIGNATURE NAME	Ship to NAVDRUGLAB via U.S. Postal Service
(3)	SIGNATURE	SIGNATURE	
(5)	SIGNATURE NAME	SIGNATURE NAME	
(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE	
(10)	SIGNATURE NAME	NAME	

INSTRUCTIONS			
BLOCK		USA	USN/MC
1	SUBMITTING UNIT	Message address of unit submitting urine samp	
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.
3	BASE / AREA CODE	Service Code Area	Leave blank for future use.
4	UNIT IDENTIFICATION	Unit Identification Code (UIC or RUC) of unit	

7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.	Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.	
9	TEST BASIS	Indicate the testing premise to conduct the collection.	
10	TEST INFORMATION	Military: A = E1 - E4; B = E5 - O10; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP; F = TDP; ADAPCP Staff: G = other TDP; N = other nonmilitary	Leave blank	Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.	Not used

12. CHAIN OF CUSTODY (LINE (1)).

a. DATE - Date of collection/shipment

b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.

c. RECEIVED BY - Use only if physical change of custody is occuring prior to shipment. Otherwise leave blank.

d. PURPOSE OF CHANGE/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a ...formation/signatures of blocks (a) - (d).

...SCREPANCIES

EXAMPLE 3: Samples mailed to lab by SN Jones with transfer of custody from BM2 Smith to SN Jones.

Chain of custody complete, click here for next step

DD Form 2624, FEB 1998 (Back)

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.
(1) 25NOV2002	SIGNATURE BM2 Smith NAME BM2 Smith	SIGNATURE NAME Locker #1	Temporary secured storage
(2) 27NOV2002	SIGNATURE NAME Locker #1	SIGNATURE BM2 Smith NAME BM2 Smith	Retrieve from storage
(3) 27NOV2002	SIGNATURE BM2 Smith NAME BM2 Smith	SIGNATURE NAME	Ship to NAVDRUGLAB via U.S. Postal Service
(4)	SIGNATURE	SIGNATURE	

INSTRUCTIONS				
	BLOCK	USA	USN/MC	U
1	SUBMITTING UNIT	Message address of unit submitting urine sampl		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
3	BASE / AREA CODE	Service Code Area	Leave blank for future use.	Four-character Base Identification Code (Ex., F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
5	DOCUMENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the	3-digit batch number common to all specimens in the shipment (Ex.,501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.

EXAMPLE 4: Samples mailed to lab by BM2 Smith after storage in locker #1 by BM2 Smith.

(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE	
(10)	SIGNATURE NAME	NAME	

10	TEST INFORMATION	A = E1 - E4; B = E5 - O10; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP; F = TDP; ADAPCP Staff; G = other TDP; N = other nonmilitary	Leave blank	additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1)).

a. DATE - Date of collection/shipment

b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.

c. RECEIVED BY - Use only if physical change of custody is occuring prior to shipment. Otherwise leave blank.

d. PURPOSE OF CHANGE/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a

Information/signatures of blocks (a) - (d).

DISCREPANCIES

Chain of custody complete, click here for next step

DD Form 2624, FEB 1998 (Back)

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a.	RELEASED BY b.	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.
(1) 25NOV2002	SIGNATURE SN Jones NAME SN Jones	SIGNATURE BM2 Smith NAME BM2 Smith	Transfer custody
(2) 25NOV2002	SIGNATURE BM2 Smith NAME BM2 Smith	SIGNATURE NAME Locker #1	Temporary secured storage
(3) 27NOV2002	SIGNATURE NAME Locker #1	SIGNATURE BM2 Smith NAME BM2 Smith	Retrieve from storage
(4) 27NOV2002	SIGNATURE BM2 Smith NAME BM2 Smith	SIGNATURE NAME	Ship to NAVDRUGLAB via U.S. Postal Service (OR Hand-carry to NAVDRUGLAB)
(5)	SIGNATURE	SIGNATURE	

INSTRUCTIONS				
	BLOCK	USA	USN/MC	US
1	SUBMITTING UNIT	Message address of unit submitting urine sample		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
3	BASE / AREA CODE	Service Code Area	Leave blank for future use.	Four-character Base Identification Code (Ex., F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
5	DOCUMENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex., 501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to itemize bottle.		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		

EXAMPLE 5: Samples mailed (or hand carried) to lab by BM2 Smith after transfer of custody from SN Jones to BM2 Smith, and storage in locker #1 by BM2 Smith.

	NAME	NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE	
(10)	SIGNATURE NAME	NAME	

negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.

12. CHAIN OF CUSTODY (LINE (1)).

a. DATE - Date of collection/shipment

b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.

c. RECEIVED BY - Use only if physical change of custody is occuring prior to shipment. Otherwise leave blank.

d. PURPOSE OF CHANGE/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

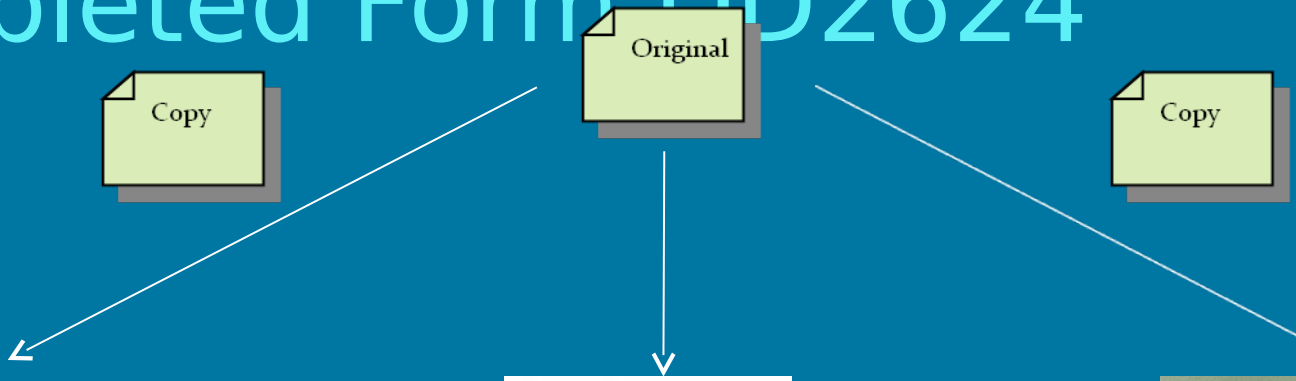
NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a information/signatures of blocks (a) - (d).

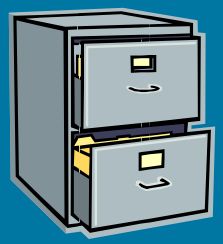
DISCREPANCIES

Chain of custody complete, click here for next step

DD Form 2624, FEB 1998 (Back)

Make 2 double-sided copies of completed Form DD2624





One copy is for your files

The original will be affixed to the shipping container in an envelope

One copy is for inside the shipping container (in a waterproof bag)

Copies have been made, click here for next step

Preferred Packaging Method

Step 1. Check each bottle cap for tightness.

If tightening breaks tamper proof seal, replace seal and make appropriate comment on the form DD 2624 and on the command ledger.

Bottles have been checked, click here for next step

Preferred Packaging Method

Step 2. Remove all bottles and separator inserts and place 12-specimen bag in shipping container (a thin garbage bag works fine). Then replace separator insert. Bottles should be placed into cells provided by the separator insert. If fewer than 12 bottles are present, empty cells should be filled with paper to reduce movement during shipment (do not use vermiculite or shredded paper). Place two large absorbent pads inside the waterproof bag.

Step complete, click here for next step

Preferred Packaging Method

Step 3. Close the interior waterproof bag. Then enclose one copy of form DD 2624 in a waterproof mailer and insert mailer into shipping container box.

Note: Do not include the Testing Register

Step complete, click here for next step

Preferred Packaging Method

Step 4. Seal all sides, edges, and flaps of the box with adhesive tape, then sign (or initial) and date across the tape on the top and bottom of each shipping container.

(Note: you must seal and sign each container whether shipped separately or collectively, mailed, or hand delivered to NDSL.)

Step complete, click here for next step

Preferred Packaging Method

Step 5. Affix the envelop containing the original form DD 2624 to the sealed, signed shipping box.

Step 6. Insert the sealed, signed shipping box into a second waterproof pouch and affix a shipping label addressed to the appropriate NDSL.

Steps complete, click here for next step

Navy Drug Screening Labs

NDSL-Great Lakes
COMMANDING OFFICER
NAVY DRUG SCREENING LABORATORY
P.O. BOX 88 6819
GREAT LAKES IL 60088-6819

NDSL-San Diego
COMMANDING OFFICER
NAVY DRUG SCREENING LABORATORY
34425 FARENHOLT AVE
SUITE 40
SAN DIEGO CA 92134-5298

NDSL-Jacksonville
COMMANDING OFFICER
BOX 113, BLDG H-2033
JACKSONVILLE FL 32212-0113

Shipping

U. S. Postal Regulations require each urinalysis specimen package being mailed be clearly marked on the address side with the following statement:

"CLINICAL SPECIMEN – URINE SAMPLE"

The urine samples should be transported to the appropriate NDSL by one of the following methods: U.S. Mail (1st class), hand-carried to the laboratory, certified or registered mail, Federal Express, UPS, Air Mobility Command, commercial U.S. airline or commercial foreign airline (to be used only when no other means is available).

For commands who do not hand deliver urinalysis specimens, **First Class U.S. Mail is preferred method of delivery**. Using certified or registered mail slows the process and should only be considered as a last resort.

Packages shipped, go to reference material

Reference Material

- The current OPNAVIST, UPC Handbook and other materials can be obtained at

http://www.npc.navy.mil/CommandSupport/NADAP/